


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L49877**  
 1. Entity Name  
**PUBLIC ADJUSTMENT BUREAU, INC.**



Principal Place of Business      Mailing Address  
 947 HYACINTH      947 HYACINTH  
 DELRAY BCH., FL 33483 US      DELRAY BCH., FL 33483 US

**DO NOT WRITE IN THIS SPACE**



01172005    No Chg-P    CR2E034 (10/03)

4. FCI Number      App'ed For  
 65-0184083      Not App'ed For

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MALLOY, SUSAN A  
 947 HYACINTH  
 DELRAY BCH., FL 33483

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature of the individual who registered the corporation      FCI Number of Agent Signature      Date

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	MALLOY, SUSAN A.
STREET ADDRESS	947 HYACINTH
CITY ST ZIP	DELRAY BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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 03/29/05-80002-012 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(C), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with a other fee empowered.

SIGNATURE: Susan Malloy      3/23/2005    561-573-5596  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone